Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

kidneyhealth.ca manitoba renal program

70.20.04a Appendix A

Reviewed October 2018

Dialysis Panel: Health Science Center and Local Renal Health Units

	Initial	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		DQ12	DPRE	DPRE	DQ3	DPRE	DPRE	DQ6	DPRE	DPRE	DQ3	DPRE	DPRE
HEMATOLOGY													
CBC	X	X	X	X	x	X	X	X	X	X	x	X	X
Differential	X	X	X	X	x	X	X	X	X	X	x	X	X
Retic Count	X	X			x			X			x		
Iron	X	X			X			X			X		
TIBC	X	X			X			X			X		
T-Sat%	X	X			X			X			X		
Ferritin	X	X			X			X			X		
CHEMISTRY													
Na+,K+ ,Cl-	X	X	X	X	X	X	X	X	X	X	X	X	X
Post K (on dig or K1 batl	X	X	X	X	X	X	X	X	X	X	X	X	X
TCO2	X	X	X	X	X	X	X	X	X	X	X	X	X
Urea	X	X	X	X	X	X	X	X	X	X	X	X	X
Creatinine	X	X	X	X	X	X	X	X	X	X	X	X	X
Corrected Ca++	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Calcium	X	X	X	X	X	X	X	X	X	X	X	X	X
Phosphate	X	X	X	X	X	X	X	X	X	X	X	X	X
Albumin	X	X	X	X	X	X	X	X	X	X	X	X	X
Alk Phos	X	X	X	X	X	X	X	X	X	X	X	X	X
Glucose	X	X	X	X	X	X	X	X	X	X	X	X	X
Mg	X												
Uric Acid	X	X											
Vitamin B12	X												
Total Protein	X	X											
Lipase	X												
CK	X	X											
Troponin	X												
Lipid Pofile	X	X											
ALT	X	X						X					
AST	X	X						X					
GGT	X	X						X					
Total bilirubin	X	X						X					
PTH	X	X			X			X			X		
PT, PTT, INR	X												
Hgb A1C(if DM)	X	X			X			X			X		
Digoxin (if on dig)	X	X						X					
TSH (If DM or on Levo)	X	X						X					
Urea based recirc if AVF	X	X	X	X	X	X	X	X	X	X	X	X	X
Urea based recirc post fistulagram													
CADHAM													
Anti HCV	X	X											
Anti HBs	X	X*											
HBsAG	X	X**	X**	X**	X**	X**	X**	X**	X**	X**	X**	X**	X**
HIV	X	X											
* If previous positive result for Anti HBs				** If non responder to Hep B vaccination									
OTHER													
CXR (then q 2 years)	X												
EKG (then q 2 years)	X												